



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

JUL 16 2018

NEW HAMPSHIRE  
DEPARTMENT OF STATE

P I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia, Chris Herr

L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A

S

Legislative Solutions, L.L.C.

E

(Name of partnership, firm or corporation)

July 19,

Date ~~July 19, 2018~~

P III. Name of Client \_\_\_\_\_

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

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Full name of candidate: Daniels Gary  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: Morse Chuck  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: Avard Kevin  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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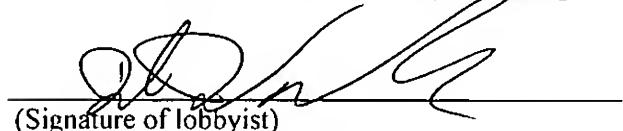
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

July 19, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)



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**Addendum C**  
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E II. Name of lobbyist's partnership, firm or corporation, if any:

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S Legislative Solutions, L.L.C.

E

(Name of partnership, firm or corporation)

July 19

Date April 9, 2018

P III. Name of Client \_\_\_\_\_

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the

T client/lobbyist and lobbying firm, indicate the following:

---

Full name of candidate: Innis Dan  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: Ward Ruth  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: D'Allesandro Lou  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

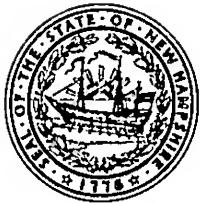
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July 19, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)



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NEW HAMPSHIRE  
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L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A

S

Legislative Solutions, L.L.C.

E

(Name of partnership, firm or corporation)

*July 19,*

Date April 9, 2018

P III. Name of Client \_\_\_\_\_

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

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Full name of candidate: Bradley (Last Name) Jeb (First Name) Ruth (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: Ward (Last Name) Ruth (First Name) Ruth (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: Carson (Last Name) Sharon (First Name) Sharon (Middle Name/Initial)

Amount of contribution \$ 1000.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



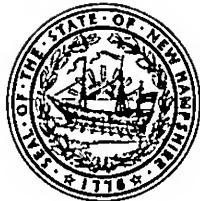
(Signature of lobbyist)

July 19, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)



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E II. Name of lobbyist's partnership, firm or corporation, if any:

A

S

Legislative Solutions, L.L.C.

E

(Name of partnership, firm or corporation)

2/1/19

P III. Name of Client \_\_\_\_\_

Date April 9, 2018

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

---

Full name of candidate: Boutin David  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: Wolf Terry  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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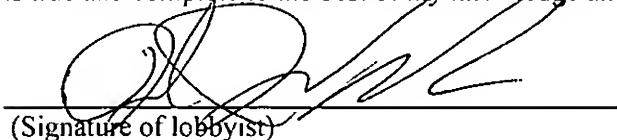
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

July 19, 2018

(Date)

Debra Vanderbeek

(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

**RECEIVED**

JUL 16 2018

NEW HAMPSHIRE  
DEPARTMENT OF STATE

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

*Date of Report (check one):*

April 25, 2018

July 25, 2018

October 31, 2018

January 30, 2019

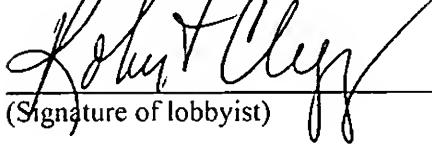
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

\_\_\_\_\_ Addendum A(s).

\_\_\_\_\_ Addendum B(s).

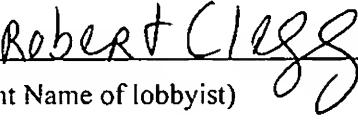
X Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

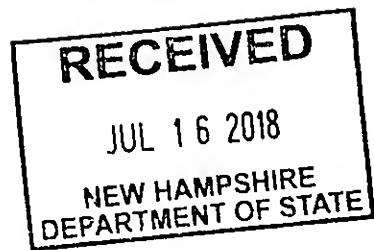
July 19, 2018

(Date)

  
(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.



**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

***Date of Report (check one):***

April 25, 2018  July 25, 2018  October 31, 2018  January 30, 2019

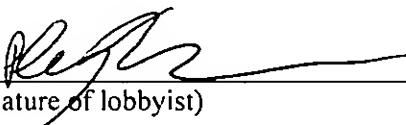
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

July 19, 2018  
(Date)

Periklis Karavitas  
(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

*Date of Report (check one):*

April 25, 2018  July 25, 2018  October 31, 2018  January 30, 2019

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

Leann Maccia  
(Signature of lobbyist)

July 19, 2018  
(Date)

Leann Maccia  
(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

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DEPARTMENT OF STATE

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Legislative Solutions

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

*Date of Report (check one):*

April 25, 2018  July 25, 2018  October 31, 2018  January 30, 2019

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Addendum A(s).

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

Christy Hepp  
(Signature of lobbyist)

July 19, 2018

(Date)

Christy Hepp  
(Print Name of lobbyist)